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020904

10142 USPTO
UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 204552026410

First Inventor Noboru OSHIMA

Title SEMICONDUCTOR LASER DEVICE, MANUFACTURING METHOD THEREOF, AND LASER BAR LOCKING APPARATUS

Express Mail Label No. (labelno)

CERTIFICATE OF HAND DELIVERY

I hereby certify that this correspondence is being hand filed with the United States Patent and Trademark Office in Washington, D.C. on February 9, 2004.

Jeffery McCuller

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APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below) - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Form (CRF)
4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 15]	b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper
5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 3]	c. <input type="checkbox"/> Statements verifying identity of above copies
a. <input type="checkbox"/> Newly executed (original or copy)	9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))
b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (where there is an assignee) <input type="checkbox"/> Power of Attorney
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)	11. <input type="checkbox"/> English Translation document (if applicable)
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:	13. <input checked="" type="checkbox"/> Preliminary Amendment
<input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) Should be specifically itemized
Prior application information:	15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
Examiner T. Nguyen	16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
Group / Art Unit: (group) 2818	17. <input type="checkbox"/> Other

ACCOMPANYING APPLICATION PARTS

19. CORRESPONDENCE ADDRESS

 Customer Number or Bar Code Label

25227

or Correspondence address below

(Insert Customer No. or Attach bar code label here)

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Signature			Date February 9, 2004		

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13142 U.S. PTO

PTO/SB/17 (10-03)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL

for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 770.00)

Complete if Known

Application Number Not Yet Assigned

Filing Date February 9, 2004

First Named Inventor Noboru OSHIMA

Examiner Name Not Yet Assigned

Art Unit Not Yet Assigned

Attorney Docket No. 204552026410

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order Other None

 Deposit Account:

Deposit Account Number 03-1952

Deposit Account Name Morrison & Foerster LLP

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments

 Charge any additional fee(s) or any underpayment of fee(s)

 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify) _____			
*Reduced by Basic Filing Fee Paid			SUBTOTAL (3) (\$ 0.00)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

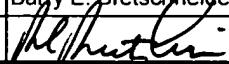
Extra Claims	Fee from below	Fee Paid
Total Claims	** =	
Independent Claims	** =	
Multiple Dependent		

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0.00)

**or number previously paid, if greater; For Reissues, see above

(Complete if applicable)

Name (Print/Type)	Barry E. Bretschneider	Registration No. (Attorney/Agent)	28,055	Telephone	703-760-7743
Signature				Date	February 9, 2004